MONTANA PARENT/GUARDIAN – TEEN DRIVER VEHICLE USE AND OPERATION AGREEMENT

| We, | | hereby er | hereby enter into an agreement covering the use and | |
|--|---|---|---|--|
| operation of any vehicle | used by — | | • | |
| YOU WILL BE REOI | IIRED TO PAY FOI | R THE FOLLOWING: (Write i | in percent desired) | |
| Cost of vehicle | THE TOTALLO | Vehicle registrati | | |
| Cost of fuel | | | Maintenance costs | |
| Damage due to abuse | | | Full insurance coverage | |
| Under-age-25 insurance costs | | | Fines and penalties | |
| Collision damage | | | Under-B-average insurance costs | |
| Costs due to driving record | | | | |
| YOU WILL BE RESP | ONSIBLE FOR THI | E FOLLOWING: | | |
| Check fluids each fuel fill | | Inspect and check | Inspect and check tire pressure | |
| Report unusual performance | | Clear or clean all | Clear or clean all windows | |
| Report when fuel is less than 1/4 tank | | Do normal mainte | Do normal maintenance | |
| Wash and wax vehicle | | | Keep interior clean | |
| Have maintenance | e done | | | |
| HOME Doing duties at h Showing proper to Complying with | ome properly and on trespect for parents and | time I others | SCHOOL AND PERFORMANCE AT | |
| WRITE IN THE MAX DRIVE PER WEEK (I Grades: A Miles per weel B Miles per weel C Miles per weel D Miles per weel F Miles per week | Kelated to grades) K Tir K Tir K Tir K Tir | mes per week | UM NUMBER OF TIMES YOU MAY | |
| | | EGE THESE NUMBER OF DA | AYS FOR EACH TRAFFIC OFFENSE | |
| OR PREVENTABLE First Offense | | Preventable crash | dove | |
| | days | Moving violation | days | |
| Second Offense Third Offense | days days | Drugs or alcohol | days days | |
| You will provide Safety belt will b Every passenger No drugs or alcol You may not lene You will call if n | destination and time of the fastened at all times must wear a safety behal in the car did the car or allow other ore than 30 minutes less responsible for | ors to drive it ate OR YOUR ACTIONS AS A DE | RIVER. | |
| | | ALLY LIABLE FOR DAMAG, 20 | ES DONE BY YOU AS A DRIVER. | |
| | | | | |
| Parent | | | | |
| Parent | | | | |
| Son/Daughter | | | | |